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Connecting Kids to Coverage

## Summary of Benefits for Oregon, MEDICAID

### Children's Dental Services

#### Preventive Services

	Is the service Covered?			Frequency	List any service-specific limitations
	Yes	Only with prior authorization	No		
Cleanings	X			2 x year	
Fluoride treatments (including fluoride varnishes)	X			2 x year	Additional fluoride treatments may be available, up to a total of 4 treatments within 12 month
Sealants (list any tooth-specific limits)	X			1 x every 5 years	15 years old and younger
Space maintainers	X				



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### Diagnostic Services

	Is the service Covered?			Frequency	List any service-specific limitations	Recommended age of first visit?
	Yes	Only with prior authorization	No			
<b>Dental examinations</b>						
	X			2 x year	At the time of eruption of the first tooth and no later than 12 months of age	1
<b>X-Rays</b>						
Bitewing	X				Routine radiographs once every 12 months	
Full Mouth						
Panoramic						



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### Treatment Services

	Is the service Covered?			Frequency	List any service-specific limitations	Criteria for coverage
	Yes	Only with prior authorization	No			
<b>Fillings</b>						
Silver amalgam	X					
Tooth colored composite	X					
<b>Crowns/tooth caps</b>						
Stainless steel crowns	X					
Metal (only) crowns			X			
Metal/porcelain crowns		X			Age 16 through 20, only anterior permanent teeth	
Porcelain (only) crowns		X				
<b>Root Canals (endodontics)</b>						
Root canals on baby teeth (pulpotomies)		X				
Root canals on permanent teeth	X				Not covered for third molars	
<b>Gum (periodontal) therapy</b>						
	X					



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	Yes	Only with prior authorization	No			
<b>Dentures</b>						
Partial dentures		X				
Complete dentures		X				
Bridges			X			
<b>Orthodontics*</b>						
Retainers (orthodontic)	X					
Braces		X				Only with diagnosis of cleft palate, with or without cleft lip
<b>Oral surgery</b>						
Simple extractions	X					
Surgical extractions	X					
Care of abscesses	X					
Cleft palate treatment			X			
Cancer treatment			X			
Treatment of fractures			X			



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	Is the service Covered?			Frequency	List any service-specific limitations	Criteria for coverage
	Yes	Only with prior authorization	No			
Biopsies			X			
<b>Treatment of jaw joint problems (TMJ)</b>						
			X			
<b>Emergency room services provided by a dentist</b>						
			X			
<b>Inpatient Hospital Services</b>						
		X				
<b>Anesthesia</b>						
General anesthesia						
Intravenous conscious sedation						
Non-intravenous conscious sedation						
Analgesia (nitrous oxide)						

\* When this information is posted on the Insure Kids Now website, we will include a special note for orthodontic services explaining that parents and caretakers should work with their child's orthodontist to ensure that the treatment and payment terms and conditions are clear at the outset of treatment (for example, what happens in the case of a child who becomes ineligible for Medicaid or CHIP while he or she is undergoing orthodontic treatment?).